

## NURSE MAUDE ASSESSMENT/CARE PLAN

Name: \_\_\_\_\_ CHIF # \_\_\_\_\_ DOB \_\_\_\_\_ CV/OV  HV  TV

Primary Caregiver/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Initial  Interim  Final

### Mental Health

**K** 1 2 3 4 5      **B** 1 2 3 4 5      **S** 1 2 3 4 5      **Not Applicable or Unable to Address Today (circle one)**

Signs and Symptoms	Category	Target	Client Specific Information	Notes
<input type="checkbox"/> sadness/hopelessness/decreased self-esteem <input type="checkbox"/> apprehension/undefined fear <input type="checkbox"/> loss of interest/involvement in activities/self-care <input type="checkbox"/> narrowed to scattered attention/focus <input type="checkbox"/> flat affect <input type="checkbox"/> irritable/agitated/aggressive <input type="checkbox"/> purposeless/compulsive activity <input type="checkbox"/> difficulty managing stress <input type="checkbox"/> difficulty managing anger <input type="checkbox"/> somatic complaints/fatigue <input type="checkbox"/> delusions <input type="checkbox"/> hallucinations/illusions <input type="checkbox"/> expresses suicidal/homicidal thoughts <input type="checkbox"/> attempts suicide/homicide <input type="checkbox"/> self-mutilation <input type="checkbox"/> mood swings <input type="checkbox"/> flash-backs <input type="checkbox"/> other	CM	legal system	Protective Services, law enforcement	
	CM	continuity of care	Coordination among providers	
	CM	medical/dental care	Psychological/psychiatric evaluation or assesment, management plan	
	CM	other community resources	Support group	
	CM	social work/counseling	Behavioral health services, community counseling	
	S	medical/dental care	Available resources for mental health care and follow up, access to care	
	S	signs/symptoms mental/emotional	Screening including past history of mental health problems	
	S	signs/symptoms mental/emotional	Freq of Symptoms including suicidal ideation	
	TGC	coping skills	Adaptation techniques	
	TGC	signs/symptoms mental/emotional	Emotional health	

### Abuse

**K** 1 2 3 4 5      **B** 1 2 3 4 5      **S** 1 2 3 4 5      **Not Applicable or Unable to Address Today (circle one)**

<input type="checkbox"/> Harsh/excessive discipline <input type="checkbox"/> Attacked verbally <input type="checkbox"/> Welts/bruises/burns/questionable injuries <input type="checkbox"/> Fearful/hyper vigilant behavior <input type="checkbox"/> Violent environment <input type="checkbox"/> Consistent negative messages <input type="checkbox"/> Assaulted sexually <input type="checkbox"/> Other	CM	legal system	Protective Services	
	S	finances	Exploitation	
	S	signs/symptoms mental/emotional	Behavioral extremes; isolation; fear; depression: withdrawal	
	S	signs/symptoms physical	Unexplained injuries; evidence of physical or sexual abuse	
	TGC	safety	Safety plan	
	TGC	support system	Emotional support	

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		<b>Neglect</b>																			
		<b>K</b> 1 2 3 4 5					<b>B</b> 1 2 3 4 5					<b>S</b> 1 2 3 4 5					<b>Not Applicable or Unable to Address Today (circle one)</b>				
<input type="checkbox"/> Lacks adequate physical care <input type="checkbox"/> Lacks emotional support <input type="checkbox"/> Inappropriately left alone <input type="checkbox"/> Inadequate/delayed medical care <input type="checkbox"/> Lacks necessary supervision <input type="checkbox"/> Other	CM	legal system					Protective Services														
	S	safety					inappropriately left alone, ignores personal safety														
	S	signs/symptoms mental/emotional					behavior extremes, mental capacity														
	S	signs/symptoms physical					unmet health needs (e.g. medical neglect, harmful alternative health care practices)														
	S	signs/symptoms physical					unmet basic needs, malnutrition, weight loss, poor hygiene														
	TGC	safety					Safety plan														
	TGC	support system					Emotional support														

		<b>Medication regimen</b>																			
		<b>K</b> 1 2 3 4 5					<b>B</b> 1 2 3 4 5					<b>S</b> 1 2 3 4 5					<b>Not Applicable or Unable to Address Today (circle one)</b>				
<input type="checkbox"/> does not follow recommended dosage/schedule  <input type="checkbox"/> evidence of side effects/adverse reactions  <input type="checkbox"/> inadequate system for taking medication  <input type="checkbox"/> improper storage of medication  <input type="checkbox"/> fails to obtain refills appropriately  <input type="checkbox"/> fails to obtain immunizations  <input type="checkbox"/> inadequate medication regimen  <input type="checkbox"/> unable to take medications without help  <input type="checkbox"/> other	CM	medication coordination/ordering					Coordination among providers														
	CM	medication coordination/ordering					Resources to obtain needed medications														
	S	medication action/side effects					adverse events, therapeutic effects, allergies, interaction														
	S	medication administration					follows correct dose, technique, and schedule														
	S	medication coordination/ordering					medication reconciliation, review of all prescribed and other medications														
	S	medication coordination/ordering					checking for high risk medications for age/condition (e.g. Beers Criteria)														
	S	signs/symptoms mental/emotional					ability to make judgments related to medication adherence														
	S	signs/symptoms physical					manual dexterity and physical acuity														
	S	laboratory findings					to guide dose of medication (e.g. glucose, INR)														
	TGC	medication action/side effects					purpose and benefit														
	TGC	medication administration					follows correct dose, technique, and schedule														
	TGC	safety					adverse events, therapeutic effects, allergies, interaction														
	TGC	equipment					home therapy, monitoring, or infusion equipment (e.g. IV pump, insulin pump)														
	TP	medication administration					correct dose, technique, and schedule														
	TP	medication set up					correct dose, technique, and schedule														
TP	specimen collection					medication-specific diagnostic test															

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<i><b>Nutrition</b></i>																			
<b>K</b>	1	2	3	4	5	<b>B</b>	1	2	3	4	5	<b>S</b>	1	2	3	4	5	<b>Not Applicable or Unable to Address Today (circle one)</b>	
<input type="checkbox"/> overweight: adult BMI 25.0 or more; child BMI 95th percentile or more <input type="checkbox"/> underweight: adult BMI 18.5 or less; child BMI 5th percentile or less <input type="checkbox"/> lacks established standards for daily caloric/fluid intake <input type="checkbox"/> exceeds established standards for daily caloric/fluid intake <input type="checkbox"/> unbalanced diet <input type="checkbox"/> improper feeding schedule for age <input type="checkbox"/> does not follow recommended nutrition plan <input type="checkbox"/> unexplained/progressive weight loss <input type="checkbox"/> unable to obtain/prepare food <input type="checkbox"/> hypoglycemia <input type="checkbox"/> hyperglycemia <input type="checkbox"/> other						CM						continuity of care						Referral to nutritionist	
						CM						dietary management						Resources for obtaining recommended foods	
						S						dietary management						Follows recommended nutritional plan (e.g. therapeutic diet)	
						S						dietary management						Ability to prepare recommended nutritional plan	
						S						dietary management						Ability to consume recommended nutritional plan	
						S						dietary management						Weight loss/gain	
						TGC						behavior modification						Alter eating habits	
						TGC						behavior modification						Nutrition modification	
						TGC						dietary management						Recommended nutritional plan, healthy eating for age/condition, therapeutic diet	
						TGC						nutritionist care						Establish diabetic nutrition needs	
						TP						dietary management						Nourishment with balanced food/fluids for specific disease management	
						TP						feeding procedures						Correct formula, amount, technique, and schedule	

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<b>Caretaking/Parenting</b>																		
<b>K</b>	1	2	3	4	5	<b>B</b>	1	2	3	4	5	<b>S</b>	1	2	3	4	5	<b>Not Applicable or Unable to Address Today (circle one)</b>
<input type="checkbox"/>	Difficulty providing physical care/safety					CM	environment					Transitions in housing and levels of care						
<input type="checkbox"/>	Difficulty providing emotional nurturance					CM	finances					resources available to assist with financial needs associated with caregiving						
<input type="checkbox"/>	Difficulty providing cognitive learning experiences and activities					CM	legal system					guardianship, advance directives, decision making authority						
<input type="checkbox"/>	Difficulty providing preventive and therapeutic health care					CM	support system					Caregiving support groups, parish nurse, elder care services						
<input type="checkbox"/>	Expectations incongruent with stage of growth and development					S	coping skills					manages challenges and changes						
<input type="checkbox"/>	Dissatisfaction/difficulty with responsibilities					S	safety					physical or emotional abuse of caregiver by patient						
<input type="checkbox"/>	Difficulty interpreting or responding to verbal/non verbal communication					S	signs/symptoms physical					physical ability to provide needed cares						
<input type="checkbox"/>	Neglectful or abusive					TGC	caretaking/parenting skills					activities of daily living						
<input type="checkbox"/>	Other					TGC	continuity of care					coordination among providers and resources						
						TGC	coping skills					realistic expectations						
						TGC	day care/respite					how to choose, appropriate care givers						
						TGC	sickness/injury care					recognizes need for care and follow-up						
						TGC	stress management					addressing stressors to relieve caregiver strain/burden						
						TGC	wellness					health maintenance						

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<b>Substance Use</b>																				
	K	1	2	3	4	5	B	1	2	3	4	5	S	1	2	3	4	5	Not Applicable or Unable to Address Today (circle one)	
<input type="checkbox"/> abuses over-the-counter/prescription medications <input type="checkbox"/> uses "street"-recreational drugs <input type="checkbox"/> abuses alcohol <input type="checkbox"/> smokes/uses tobacco products <input type="checkbox"/> difficulty performing normal routines <input type="checkbox"/> reflex disturbances <input type="checkbox"/> behavior change <input type="checkbox"/> exposure to cigarette/cigar smoke <input type="checkbox"/> buys/sells illegal substances <input type="checkbox"/> other							CM						legal system						Criminal justice	
							CM						substance use cessation						Detox, treatment, counseling	
							CM						support group						Community based support	
							S						screening						Use pattern	
							S						signs/symptoms mental/emotional						depression, anxiety, aggression	
							S						signs/symptoms physical						Withdrawal symptoms, cravings	
							TGC						anatomy/physiology						Effects of use on self and others	
							TGC						behavior modification						Motivate change; decrease/stop use of alcohol, tobacco, other drugs	
							TGC						coping skills						Dealing w/triggers, symptoms, peer pressure	

<b>Residence</b>																				
	K	1	2	3	4	5	B	1	2	3	4	5	S	1	2	3	4	5	Not Applicable or Unable to Address Today (circle one)	
<input type="checkbox"/> Structurally unsound; inadequate heating/cooling <input type="checkbox"/> Steep unsafe stairs/inadequate/obstructed exits & entries <input type="checkbox"/> Cluttered living space <input type="checkbox"/> Unsafe storage of dangerous objects/substances <input type="checkbox"/> Unsafe mats/throw rugs/inadequate safety devices <input type="checkbox"/> Presence of lead based paints/unsafe equipment/wiring <input type="checkbox"/> Structural barriers/homeless <input type="checkbox"/> Other							CM						home						Housing resources	
							CM						home						Refer to resources for modifications	
							S						environment						Current living conditions	
							S						home						Appropriateness for needs	
							S						safety						Structural problems	
							S						safety						Home safety assessment, fall risks	
							TGC						home						Long range planning/decision making	
							TGC						safety						Home safety recommendations	

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<i>Skin</i>																				
	K	1	2	3	4	5	B	1	2	3	4	5	S	1	2	3	4	5	Not Applicable or Unable to Address Today (circle one)	
<input type="checkbox"/> lesion/pressure ulcer							CM						continuity of care						coordination among providers, specialists, transitional care	
<input type="checkbox"/> rash							CM						durable medical equipment						acquire needed equipment	
<input type="checkbox"/> excessively dry							CM						supplies						consumable products	
<input type="checkbox"/> excessively oily							CM						support group						diagnosis-specific support	
<input type="checkbox"/> inflammation							S						equipment						skin/wound equipment functioning and use within parameters	
<input type="checkbox"/> pruritus							S						laboratory findings						interpretation of tests	
<input type="checkbox"/> drainage							S						signs/symptoms physical						skin integrity (redness, break down, wound, rash, changes, pain, drainage)	
<input type="checkbox"/> bruising							S						signs/symptoms physical						wound assessment (measurement, Braden scale)	
<input type="checkbox"/> hypertrophy of nails							TGC						anatomy/physiology						skin disease process, early recognition of symptoms	
<input type="checkbox"/> delayed incisional healing							TGC						copied skills						dealing with symptoms and limitations, supportive approach	
<input type="checkbox"/> other							TGC						positioning						body position to support skin healing and prevent skin breakdown	
							TP						dressing change/wound care						correct technique, supplies, and schedule	
							TP						skin care						hygiene, lotion, massage, soaks	
							TP						specimen collection						blood draws, cultures	

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		<b>Circulation</b>															<b>Not Applicable or Unable to Address Today (circle one)</b>	
<b>K</b>		1	2	3	4	5	<b>B</b>					<b>S</b>						
<input type="checkbox"/> edema <input type="checkbox"/> cramping/pain of extremities <input type="checkbox"/> decreased pulses <input type="checkbox"/> discoloration of skin/cyanosis <input type="checkbox"/> temperature change in affected area <input type="checkbox"/> varicosities <input type="checkbox"/> syncopal episodes (fainting)/dizziness <input type="checkbox"/> abnormal blood pressure reading <input type="checkbox"/> pulse deficit <input type="checkbox"/> irregular heart rate <input type="checkbox"/> excessively rapid heart rate <input type="checkbox"/> excessively slow heart rate <input type="checkbox"/> anginal pain <input type="checkbox"/> abnormal heart sounds/murmurs <input type="checkbox"/> abnormal clotting <input type="checkbox"/> abnormal cardiac laboratory results <input type="checkbox"/> other							CM										coordination among providers, specialists, transitional care	
							CM										continuity of care	
							CM										acquire needed equipment	
							CM										consumable products	
							CM										diagnosis-specific support	
							CM										employment, spirituality, family changes	
							S										cardiac support equipment functioning and use within parameters	
							S										interpretation of tests	
							S										circulatory status (vital signs, pulses, edema, heart sounds, skin color, pain)	
							S										weight	
							TGC										Disease process, early recognition of symptoms	
							TGC										dealing with symptoms and limitations, supportive approach	
							TGC										body position to support circulatory function	
							TP										compression devices	
							TP										specimen collection	blood draws

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<i>Respiration</i>																		
K	1	2	3	4	5	B	1	2	3	4	5	S	1	2	3	4	5	Not Applicable or Unable to Address Today (circle one)
<input type="checkbox"/>	abnormal breath patterns					CM	continuity of care					coordination among providers, specialists, respiratory therapy, transitional care						
<input type="checkbox"/>	unable to breathe independently					CM	durable medical equipment					acquire needed equipment (e.g. oxygen)						
						CM	supplies					consumable products						
<input type="checkbox"/>	cough					CM	support group					diagnosis-specific support						
<input type="checkbox"/>	unable to cough/expectorate independently					CM	support system					employment, spirituality, family changes						
						S	equipment					respiratory support equipment functioning and use within parameters						
						S	laboratory findings					interpretation of tests						
						S	safety					Oxygen safety protocols						
<input type="checkbox"/>	cyanosis					S	signs/symptoms physical					respiratory status (oxymetry, incentive spirometry, peak flow)						
<input type="checkbox"/>	abnormal sputum																	
<input type="checkbox"/>	noisy respirations																	
<input type="checkbox"/>	rhinorrhea/nasal congestion					TGC	anatomy/physiology					respiratory system, disease process, early recognition of symptoms						
<input type="checkbox"/>	abnormal breath sounds					TGC	coping skills					dealing with symptoms and limitations, supportive approach (e.g. use of oxygen)						
<input type="checkbox"/>	abnormal respiratory laboratory results					TGC	positioning					body position to support respiratory function; pursed lip breathing						
<input type="checkbox"/>	other					TP	exercises					pulmonary rehabilitation						
						TP	specimen collection					blood draws, sputum collection						

<i>Neuro-Musculo-Skeletal Function</i>																		
K	1	2	3	4	5	B	1	2	3	4	5	S	1	2	3	4	5	Not Applicable or Unable to Address Today (circle one)

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<input type="checkbox"/> limited range of motion <input type="checkbox"/> decreased muscle strength <input type="checkbox"/> decreased coordination <input type="checkbox"/> decreased muscle tone <input type="checkbox"/> increased muscle tone <input type="checkbox"/> decreased sensation <input type="checkbox"/> increased sensation <input type="checkbox"/> decreased balance <input type="checkbox"/> gait/ambulation disturbance <input type="checkbox"/> difficulty transferring <input type="checkbox"/> fractures <input type="checkbox"/> tremors/seizures <input type="checkbox"/> difficulty with thermoregulation <input type="checkbox"/> other			coordination among providers, specialists, transitional care, rehabilitation and exercise programs	
	CM	continuity of care		
	CM	durable medical equipment	acquire needed equipment	
	CM	supplies	consumable products	
	CM	support group	diagnosis-specific support	
	CM	support system	employment, spirituality, family changes	
	CM	transportation	referral to transportation resources	
	S	equipment	equipment functioning and use within parameters	
	S	exercises	adherence to exercise routine	
	S	laboratory findings	interpretation of tests	
	S	mobility/transfers	range of motion, mobility, strength, functioning, and risk	
	S	signs/symptoms physical	neuromusculoskeletal status	
	S	signs/symptoms physical	presence and rating of pain	
	TGC	anatomy/physiology	disease process, early recognition of symptoms	
	TGC	coping skills	dealing with symptoms and limitations, supportive approach, goal setting	
	TGC	mobility/transfers	range of motion, mobility, strength, and functioning	
	TGC	positioning	body position to support function	
	TGC	anatomy/physiology	Disease process, early recognition of symptoms	
	TP	exercises	to improve range of motion, mobility, strength, and functioning	
	TP	specimen collection	blood draws	

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